

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/516973  
Filing Date  
Applicant

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8			1					58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15			1					65					
16								66					
17								67					
18								68					
19								69					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.			3					TOTAL REQ.					
TOTAL DEP.			1					TOTAL DEP.					
TOTAL CLAIMS			20					TOTAL CLAIMS					